Methods Using comparable datasets from a local community in South East London during 2008–2010 (n=1,698) and from England in 2007 (n=7,403), latent class analysis was used to construct profiles of polydrug users. Eight binary indices reporting drug use in the last year for cannabis, amphetamine, cocaine, ecstasy, LSD, tranquilisers, crack, heroin, and two items for hazardous alcohol drinking and current cigarette smoking, were regressed on a latent variable of polydrug use with age and sex covariates. The latent class solution from each dataset was then used in a multinomial logistic regression comparing risk factors from socio-demographic, neighbourhood, social support, and mental health domains.

Results Both datasets produced three class solutions with comparable proportions: in London, 61.6% were in the "Nondrug user" group, 30.5% in the "Moderate user group" (characterised by hazardous drinking, cigarettes and some cannabis use) and 7.9% in the "High Drug User" group (characterised by drug use across all substances); in the national dataset the proportions were 57.4%, 37.9 %, and 4.6% respectively. In a logistic regression comparing both polydrug user groups to the nonuser group, both samples reported higher odds for polydrug use and common mental disorder, suicidal ideation, and functional limitation; higher levels of education, stressful life events and a never-married status were also associated with polydrug use. Differences between the local and national samples for polydrug use were found on factors such as ethnicity, social support, and employment status. Further analysis revealed no difference between the "Moderate" and "High Drug" groups in the local sample for these risk factors and mental health indicators, whereas several dose-response relationships between these groups were found nationally.

Conclusion Approximately a third of the general public both nationally and locally exhibit a pattern of moderate polydrug use associated with mental health and daily functioning impairments. Furthermore, local services and policy makers should note that higher education is a risk factor for polydrug use, and that factors related to employment and social support may be differentially linked to substance use depending on geographical residence.

PS41 **CHARACTERISTICS ASSOCIATED WITH STATIN PRESCRIBING FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE AMONG PEOPLE WITH DIABETES**

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Background Diabetes is a risk factor for cardiovascular disease (CVD) and guidelines recommend that people with diabetes ought to have their blood lipid levels monitored and, if necessary, controlled to ensure that they are at a safe level to prevent avoidable morbidity and mortality resulting from CVD. Guidelines are not necessarily followed and the differences in treatment which this leads to could give rise to health inequalities according to socio-economic status, sex, or other patient characteristics. This study investigated the association between patient characteristics and statin prescribing in people who were eligible to receive a statin for primary prevention of CVD according to the contemporary Scottish Intercollegiate Guideline Network guidelines (*SIGN 55*).

Methods Data from the Scottish Care Information – Diabetes Collaboration dataset for the period 2000–2007 were used. This dataset contains socio-demographic and prescribing data for 203,528 people, which is almost every person with diagnosed diabetes in Scotland. The analyses were based on people over 40 years of age, with complete data, with no history of CVD, and with total serum cholesterol exceeding 5mmol/l.

Logistic regression was used to calculate odds ratios (OR) for ever having a record of a statin prescription by age, sex, socio-economic status (defined using quintiles of the Scottish Index of Multiple Deprivation, SIMD, where Q1 reflects the most deprived and Q5 the most affluent), smoking habits, body mass index, diastolic blood pressure, and type of diabetes.

Results Of 83,666 people identified as eligible for statin treatment as defined by SIGN 55 guidelines, 29% had no record of a statin prescription. In both men and women, the OR for having a statin prescribed when compared to Q1 from multi-variate models were OR_{men} 0.93 OR_{women} 0.91 for Q2, OR_{men} 0.77 OR_{women} 0.77 for Q3, and OR_{men} 0.71 OR_{women} 0.71 for Q4. Current and former smokers, overweight and obese people, and people with high blood pressure or treated hypertension had greater odds of statin prescription, whereas underweight people and women with type one diabetes had reduced odds of being prescribed a statin than each comparison group.

Conclusion Almost one third of people with diagnosed diabetes have no record of having ever received a statin prescription as recommended by SIGN 55. The odds of having a record of treatment were higher among more deprived people even after adjusting for potential confounding factors.

PS42 **INEQUALITIES IN CHILD OBESITY: WHERE DO THESE OCCUR AND IS THE GAP WIDENING?**

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Background Child obesity is an important public health problem. Of particular concern are the considerable inequalities in obesity prevalence between socioeconomic and ethnic groups. The Department of Health's recently published *Call to Action on Obesity* makes a commitment to achieving a sustained downward trend in the level of excess weight in children and states that it is vital that action on obesity reduces health inequalities.

Methods This analysis uses data collected by the National Child Measurement Programme (NCMP). The NCMP is an annual programme that measures the height and weight of children aged 4–5 years (Reception) and 10–11 years (Year 6) in schools in England. Approximately one million children are measured every year.

The NCMP collects information on ethnicity and place of residence for each child. Five years of good quality data are now available (2006/07, 2007/08, 2008/09, 2009/10, 2010/11) and these have been analysed in detail by the National Obesity Observatory to examine how patterns of child obesity prevalence vary by demographic and socioeconomic group.

Results Obesity prevalence among children who live in the most deprived areas of England is approximately twice that of children living in the least deprived areas. NCMP data suggest that health inequalities among boys in Reception and girls in Year 6 are widening. Health inequalities do not seem to be widening or narrowing for girls in Reception or boys in Year 6 but substantial health inequalities do persist among these groups.

When all years of NCMP measurements are considered the Bangladeshi ethnic group seems to have shown the greatest increases over time. Children in the 'White Other' ethnic group appear to be experiencing a decrease in obesity prevalence.

Conclusion In order to achieve a reduction in obesity prevalence among children a particular focus on deprived groups may be required. This would help tackle persistent health inequalities. Children from the Bangladeshi ethnic group may benefit from particular attention, given the evidence that obesity prevalence is increasing for these children at a greater rate than for other ethnic groups.

PS43 **WHAT IS IMPORTANT TO THE QUALITY OF LIFE OF PEOPLE WITH MULTIPLE MYELOMA? IMPLICATIONS FOR THE DESIGN OF QUALITY OF LIFE QUESTIONNAIRES**

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Background Multiple myeloma is an incurable cancer, although recent treatment advances have improved expected survival from months to years in some cases. Increasing survival has elevated the importance of understanding and measuring patients' quality of life (QOL) in research and clinical settings. A number of QOL questionnaires exist for use in myeloma, yet there is a paucity of research to understand what issues are important to QOL from the patients' perspective.

This study explores the issues important to the QOL of people with myeloma, and how QOL is affected by the disease and its treatment. Implications for the design of QOL questionnaires are discussed.

Methods In-depth qualitative interviews with 20 myeloma patients to identify issues important to QOL and explore the impact of disease and treatment. Participants recruited from King's College Hospital and St. Christopher's Hospice, London. Purposive sampling by age, gender, performance status and disease stage. Thematic content analysis of interview transcripts was conducted.

Results Many participants started by discussing the importance of physical function and independence. There appeared to be a dominant role for participatory function in determining QOL – family life, leisure pursuits and other social activities were often identified as important. Physical symptoms such as pain or fatigue were frequently said to be affecting QOL, but often this was through their affect on social and participatory function. Sometimes symptoms were reported, but they did not affect QOL because functional and participatory aspects were maintained. Issues that prevented social engagement or participation were often therefore most deleterious to QOL – such as reduced mobility; susceptibility to infection; and fear of low-trauma fractures. Participants also often discussed the importance of quality, accessible healthcare – particularly good communication and receiving the right amount of information from professionals.

Conclusion These results support the broad consensus that quality of life is multidimensional, involving physical, psychological and social domains. The presence of symptoms *per se* did not necessarily impair QOL in this group. QOL questionnaires for use in myeloma should perhaps focus less on the presence, absence or severity of a symptom, but consider how much of a problem the symptom is in terms of its broader impact on function. This is particularly important when tools are applied in clinical practice, when the wider burden of symptoms is perhaps of greater interest. Tools for use in myeloma clinical practice should also consider items about the quality of healthcare – since this appears important to patients' QOL.

PS44 | **WHAT IS THE NATURE AND EXTENT OF ALCOHOL ADVERTISING ON FACEBOOK?**

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Background There is a growing evidence base that alcohol advertising increases consumption, particularly amongst young people. Alcohol companies are increasingly using social media, such as Facebook, as a critical part of their marketing campaigns. The Advertising Standards Agency (ASA) states that alcohol advertising must not link alcohol with social success. However, by using a platform which is inherently social, alcohol companies can implicitly link their brand with these concepts. This study aimed to describe the nature and extent of alcohol advertising on Facebook.

Methods A quantitative descriptive analysis of UK Facebook brand pages of the highest volume sales brand for spirits, beer and cider (Smirnoff GB, Carling and Strongbow respectively) amongst the key Facebook user demographics (18–25 year olds). We collected all status updates for each brand page over a month. These appeared on the Newsfeed of those who Like the brand. The status updates were coded using concepts expressed in the ASA standards, the Committee of Advertising Practice (CAP) Code and the alcohol marketing literature. The frequencies of the identified categories were then calculated for each brand and for all three brands. The numbers of likes and comments of each status was also recorded.

Results 85 status updates were collected. The average number of status updates each day was 0.94 overall. The number of people receiving these updates at the time of writing is in total 881,398. The total number of likes and comments is 12,984 and 4,780 respectively. The most frequently occurring code was a reference to the Carling Cup. The codes used that refer to enhanced social or sexual success (which is in contravention of the ASA rules) were references to 'dating' and 'partying'. These occurred less often. All the brands encouraged user interaction by asking users a question (32 updates, 37.6% of all posts) and 'fill in the gap' statuses.

Conclusion This initial research suggests that the alcohol industry is using Facebook to engage with a large number of young consumers through frequent status updates. There is some evidence that the content on the pages is in contravention of ASA regulations. Further research needs to be conducted in this area in order to determine the effect that alcohol marketing via social media is having on levels of consumption of alcohol and initiation of consumption by young people in order to provide strong evidence for tightening ASA standards that reflect the advancement of alcohol advertising using Facebook.

PS45 | **ADDRESSING CHILD POVERTY – THE ROLE OF THE NHS WORKFORCE**

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Background Glasgow, like other UK cities, faces the challenge of addressing high child poverty levels - 52% of children, in some parts of the city, live in poverty. Within NHS Greater Glasgow and Clyde, the Healthier, Wealthier Children (HWC) project was set up to create referral pathways between the NHS and money advice services to support pregnant women and families at risk of child poverty. The 15 month project, launched in October 2010, was funded by the Scottish Government.

The evaluation, being undertaken by the Glasgow Centre for Population Health, will conclude in April 2012. This paper aims to describe the HWC evaluation findings with a focus on two key objectives: development of the NHS workforce role and mainstreaming child poverty action within this role.

Methods A mixed methods approach to the HWC evaluation included capturing and describing the changes in the NHS workforce roles through documentary analysis, an NHS workforce survey and outcomes from money advice services.

Results An HWC website was set up to provide staff materials, case studies and practical recommendations on child poverty work as an NHS workforce resource. Other ongoing work includes creating midwife/patient web-based scenarios to be used as a national resource.

Although not part of the existing NHS performance framework (i.e. HEAT targets), there is evidence that HWC work is being embedded. Most referrals to advice services were made by health visitors (51%) and midwives (29%). The majority of both workforces (81/84; 96%) intend to continue referring post-HWC. Moreover, health visitors ranked clients' money worries as a priority above three national HEAT targets.

To date, 2,516 referrals were made to money advice services which resulted in uptake of 54% (n=1,347) among pregnant women